Introduction to Vaginal Estrogen

when the estrogen's going up and down, when the estrogen's going up and down, and definitely post menopause. And then and definitely post menopause. And then they can become more dry, they don't they can become more dry, they don't have the resiliency, the elasticity, the have the resiliency, the elasticity, the vaginal estrogen, how much do you need?

vaginal estrogen, how much do you need? Hi, I'm Dr. Valarie Davidson from the Hi, I'm Dr. Valarie Davidson from the Progressive Health Podcast. Progressive Health Podcast.

>> I'm Dr. Mackey from the Progressive >> I'm Dr. Mackey from the Progressive Health Podcast. Uh so, this topic comes Health Podcast. Uh so, this topic comes up all the time. Uh it's all over the up all the time. Uh it's all over the interwebs. Um interwebs. Um but yeah, nonetheless, there's always but yeah, nonetheless, there's always something to learn. So, why don't we something to learn.

How Vaginal Estrogen Supports Vaginal Tissue

So, why don't we kind of dive into um kind of dive into um what and how to use vaginal estrogen? what and how to use vaginal estrogen? >> So, vaginal estrogen we've used with >> So, vaginal estrogen we've used with patients since 2000 me 2004. It's a patients since 2000 me 2004. It's a great way to add estrogen to those great way to add estrogen to those tissues, especially in perimenop- late tissues, especially in perimenop- late perimenopause, when the estrogen's going perimenopause, when the estrogen's going up and down, and also in menopause, and up and down, and also in menopause, and definitely post menopause, cuz those definitely post menopause, cuz those tissues don't have the estrogen, and tissues don't have the estrogen, and then they can become more dry, they then they can become more dry, they don't have the resiliency, the don't have the resiliency, the elasticity, the moisture. And when those elasticity, the moisture. And when those tissues thin, just cuz we're nerdy and I tissues thin, just cuz we're nerdy and I love the science, is the tissues can't love the science, is the tissues can't release glycogen, which is the fuel release glycogen, which is the fuel source or the food for the lactobacillus source or the food for the lactobacillus or the lactobacillus species that pre- or the lactobacillus species that pre- that predominate the vaginal vault. So, that predominate the vaginal vault.

Estriol vs. Estradiol Basics

So, the vaginal microbiome, yes, it has its the vaginal microbiome, yes, it has its own microbiome, just like a gut own microbiome, just like a gut microbiome, but the vaginal microbiome microbiome, but the vaginal microbiome loves this lactobacillus species, and loves this lactobacillus species, and that keeps the pH nice and low, more that keeps the pH nice and low, more acidic, so it can prevent, you know, acidic, so it can prevent, you know, different infections, which we'll go different infections, which we'll go into in another podcast. But when that into in another podcast. But when that when that lactobacillus species goes when that lactobacillus species goes down, the pH changes, the the tissues down, the pH changes, the the tissues start to get really thin, you don't have start to get really thin, you don't have that resiliency, and then you can have that resiliency, and then you can have pain with intercourse. You can even have pain with intercourse. You can even have pain and chapping just going for a walk pain and chapping just going for a walk or working out.

or working out. >> Uh uh well, >> Uh uh well, now, this is uh you know, like I said, now, this is uh you know, like I said, something that is something that is when we started in practice a long time when we started in practice a long time ago, I mean, this really never got ago, I mean, this really never got talked about. It seemed pretty obvious talked about. It seemed pretty obvious for you and I, um, but now, um, talking for you and I, um, but now, um, talking about vaginal estrogens everywhere, about vaginal estrogens everywhere, okay, which is good. I mean, uh, it okay, which is good. I mean, uh, it really it really needs to be a sort really it really needs to be a sort >> we always had to bring like in a patient >> we always had to bring like in a patient consult. I remember you two, um, would

consult. I remember you two, um, would always have to we'd bring it up. Do are always have to we'd bring it up. Do are you having vaginal dryness? Oh, yeah, you having vaginal dryness? Oh, yeah, yeah, yeah, I am.

yeah, yeah, I am. >> Well, well, me talking to a female >> Well, well, me talking to a female patient it was always a little bit patient it was always a little bit awkward, uh, you know, but then I awkward, uh, you know, but then I realized that they all wanted to ask it.

realized that they all wanted to ask it. They were just a little bit, at least to They were just a little bit, at least to me anyways, they tell you everything, me anyways, they tell you everything, um, but they're a little bit um, but they're a little bit apprehensive and rightly so, uh, but apprehensive and rightly so, uh, but then once we talked about it, then it's, then once we talked about it, then it's, you know, then like you know, then like >> Sounds like we got this. Yeah, we can >> Sounds like we got this. Yeah, we can absolutely take care of that because absolutely take care of that because vaginal estrogen can be really safe and vaginal estrogen can be really safe and extremely effective for vaginal dryness.

extremely effective for vaginal dryness. Um, what is it? GSM, genitourinary Um, what is it? GSM, genitourinary syndrome of menopause. syndrome of menopause.

>> Yeah, so today we're just talking about >> Yeah, so today we're just talking about the the genital side, the vagina side. the the genital side, the vagina side.

The next episode we're going to talk The next episode we're going to talk about, um, the urinary side of it, um, about, um, the urinary side of it, um, because it does, you know, one solution because it does, you know, one solution actually does cover a lot of bases. Now, actually does cover a lot of bases. Now, we just did one on estriol for the face, we just did one on estriol for the face, um, which you can find the link up here um, which you can find the link up here somewhere.

somewhere. somewhere.

Dosing and Application Guidance

Uh, you know, so they all three sort of Uh, you know, so they all three sort of go together and the best part about that go together and the best part about that is now that one was about estriol.

is now that one was about estriol. Um, you can use that estriol for Um, you can use that estriol for basically all three things. Um, you're basically all three things. Um, you're using you're using basically one using you're using basically one prescription for three different prescription for three different solutions.

solutions. solutions. >> Well, of course, if you're going to use >> Well, of course, if you're going to use any kind of estrogen vaginally, you're any kind of estrogen vaginally, you're going to want to use a nice, uh, safe going to want to use a nice, uh, safe base that's not going to irritate the base that's not going to irritate the tissues like a VersaBase. Now, when tissues like a VersaBase. Now, when you're using vaginal estrogen, there's you're using vaginal estrogen, there's vaginal estradiol, so E2, that's the vaginal estradiol, so E2, that's the strongest estrogen, and then there's strongest estrogen, and then there's also you can use it vaginally as also you can use it vaginally as estriol, which is E3, which which is estriol, which is E3, which which is very gentle.

very gentle. Typically, I probably use more estriol Typically, I probably use more estriol with patients for vaginal dryness than with patients for vaginal dryness than estradiol cuz you have a little more estradiol cuz you have a little more versatility. You can increase up the versatility. You can increase up the dose really well cuz estriol is very dose really well cuz estriol is very gentle. It doesn't have as much of an gentle. It doesn't have as much of an effect on thickening the endometrial effect on thickening the endometrial uterine lining like estradiol does. Now, uterine lining like estradiol does. Now, estradiol when you're applying it estradiol when you're applying it vaginally, you know, you might use it vaginally, you know, you might use it one to three times a week, it's going to one to three times a week, it's going to be very minimal what's going to go into be very minimal what's going to go into the bloodstream as long as you're using the bloodstream as long as you're using a particular dose. But when you're

using a particular dose. But when you're using the estriol, you can go a little bit the estriol, you can go a little bit higher, which I'll go into a little bit higher, which I'll go into a little bit more when we talk about the urinary more when we talk about the urinary tract. But with vaginal dryness, we can tract. But with vaginal dryness, we can kind of separate them. So, if you're kind of separate them. So, if you're going to use estradiol, which is more going to use estradiol, which is more easily accessible for most people in our easily accessible for most people in our country in the United States, is it's country in the United States, is it's easier to get, um it's probably a little easier to get, um it's probably a little bit more affordable than estriol, and bit more affordable than estriol, and but it can be effective, but you want to but it can be effective, but you want to definitely use a very low dose definitely use a very low dose vaginally.

vaginally. vaginally. In my practice, you know, I've been In my practice, you know, I've been doing this for since 2004, is I doing this for since 2004, is I I do I have had people use too much I do I have had people use too much vaginal estradiol. I've tested their vaginal estradiol. I've tested their blood, and it shows up in their blood, and it shows up in their bloodstream even if they're not taking bloodstream even if they're not taking any HRT systemically. So, it can go into any HRT systemically. So, it can go into your bloodstream depending on what dose your bloodstream depending on what dose it is. Now, with the estradiol, I'll use it is. Now, with the estradiol, I'll use more like maybe 0.5 mg. That's pretty more like maybe 0.5 mg. That's pretty That's a pretty good dose one to three That's a pretty good dose one to three times a week, as long as they're not times a week, as long as they're not having any spotting and they're getting, having any spotting and they're getting, you know, positive results on that. Now, you know, positive results on that. Now, with the estriol, I have a little bit with the estriol, I have a little bit more um versatility with it. I'll more um versatility with it. I'll actually go up a lot higher with actually go up a lot higher with estriol, even go up anywhere between, estriol, even go up anywhere between, you know, 2 mg one to three times a week you know, 2 mg one to three times a week of estriol vaginally, even up to five of estriol vaginally, even up to five with some women.

with some women. >> Yeah. Now, you you you certainly got to >> Yeah. Now, you you you certainly got to talk to your practitioners. Don't just talk to your practitioners. Don't just use those doses on your own.

use those doses on your own. >> for medical advice. What is our What do >> for medical advice.

Perimenopause, Safety, and Clinical Use Cases

What is our What do our attorneys say? Not for medical our attorneys say? Not for medical advice. advice. advice. Education. Education. Education. >> we're yeah, we're just uh we're just for >> we're yeah, we're just uh we're just for educational purposes.

educational purposes. >> to help. >> to help. >> Um because this is where, you know, this >> Um because this is where, you know, this is where where the rubber meets the is where where the rubber meets the road, and what everyone's sort of road, and what everyone's sort of wondering about, uh and they are two wondering about, uh and they are two different hormones. So, they have to be different hormones. So, they have to be sort of used I mean, technically, sort of used I mean, technically, they're both estrogen, right? But uh you they're both estrogen, right? But uh you know, especially on a vaginal know, especially on a vaginal application, they're going to have application, they're going to have different effects. And that's all we're different effects. And that's all we're trying to do. So, we prefer to use trying to do. So, we prefer to use estriol, um but we know estradiol is a estriol, um but we know estradiol is a lot more, like you said, a lot more lot more, like you said, a lot more accessible. This is just a way to, uh accessible. This is just a way to, uh kind of decide. You got access to a good kind of decide. You got access to a good compounding pharmacy. Every compounding compounding pharmacy. Every compounding pharmacy is going to have a vaginal pharmacy is going to have a vaginal formulation for estriol. Um pretty much formulation for estriol. Um pretty much every one of them.

every one of them. >> I do like both. I think, you know, if >> I do like both. I think, you know, if you if your only option is maybe using you if your only option is maybe using the estradiol, absolutely. You know, the estradiol, absolutely. You know, that can definitely help with the that can definitely help with the vaginal dryness. The vaginal dryness. The you know, you know, with the estriol and the and the with the estriol and the and the estradiol, a lot of women will say, estradiol, a lot of women will say, "Well, if I insert that vaginally, do I "Well, if I insert that vaginally,

do I insert it or do I put it around the insert it or do I put it around the opening of the vaginal vault?" Now, you opening of the vaginal vault?" Now, you can do both. So, that's where it comes can do both. So, that's where it comes down to the actual individual. If you're down to the actual individual. If you're having a lot of atrophy, like some women having a lot of atrophy, like some women I've had, they can't even have a I've had, they can't even have a penetration there, you know, penetration there, you know, vaginally. So, we might go a little more vaginally. So, we might go a little more frequently and do a little bit of a frequently and do a little bit of a higher dose. If somebody's having, you higher dose. If somebody's having, you know, just more and I'll and I'll know, just more and I'll and I'll usually have them put it around the usually have them put it around the opening of the vaginal canal, and later, opening of the vaginal canal, and later, as they're able to have a little bit as they're able to have a little bit more resiliency with that vaginal vault, more resiliency with that vaginal vault, then we can insert it. So, if someone's then we can insert it. So, if someone's having more atrophy, I definitely like having more atrophy, I definitely like the vaginal application, uh whether it's the vaginal application, uh whether it's estradiol or estriol. Now, if they're estradiol or estriol. Now, if they're just having some dryness, maybe some just having some dryness, maybe some chafing, but not really any super pain chafing, but not really any super pain with intercourse, is then I might just with intercourse, is then I might just have them just apply it to the vaginal have them just apply it to the vaginal the vaginal opening. It's one big mucous the vaginal opening. It's one big mucous membrane, and then it'll matriculate membrane, and then it'll matriculate throughout the entire vaginal vault. I throughout the entire vaginal vault. I do say, if you're going to apply vaginal do say, if you're going to apply vaginal estrogen, estrogen, estrogen, but, you know, it is it can be really but, you know, it is it can be really great for that microbiome is put it on great for that microbiome is put it on at night. Just cuz it can be a little at night. Just cuz it can be a little messy, you know, put it on at night, messy, you know, put it on at night, have a little panty liner. And also, have a little panty liner. And also, while you're sleeping, then it can while you're sleeping, then it can really permeate into those tissues.

really permeate into those tissues. >> I mean, honestly, um this is something >> I mean, honestly, um this is something that women even in their late 30s can that women even in their late 30s can even start using because, you know, even even start using because, you know, even after pregnancy, um things like that, after pregnancy, um things like that, where maybe intercourse maybe is a where maybe intercourse maybe is a little bit more painful, which can be a little bit more painful, which can be a very often first sign or first symptom very often first sign or first symptom of perimenopause. Um you don't really of perimenopause. Um you don't really feel much different or maybe you start feel much different or maybe you start to notice a couple things all of a to notice a couple things all of a sudden now, you know, um uh it can be sudden now, you know, um uh it can be easily used very safely and gently um at easily used very safely and gently um at those younger ages all the way through those younger ages all the way through as a woman is transitioning into as a woman is transitioning into menopause and then the postmenopause.

menopause and then the postmenopause. >> Now, for for um a perimenopausal female, >> Now, for for um a perimenopausal female, now this is just in my clinical now this is just in my clinical experience, is I may only use estriol experience, is I may only use estriol vaginally with them just cuz in some vaginally with them just cuz in some women that I come across in women that I come across in perimenopause, they have these huge perimenopause, they have these huge spikes in estradiol and they go down and spikes in estradiol and they go down and I don't want anything to really mess I don't want anything to really mess with their levels of their own levels of with their levels of their own levels of estradiol that they're making. I know estradiol that they're making. I know those are really low doses of estro- those are really low doses of estro- estrogen vaginally or estradiol estrogen vaginally or estradiol vaginally can be very minimal, but I vaginally can be very minimal, but I still want I'm just really anal and still want I'm just really anal and really particular about you know, really particular about you know, people's doses. Same with um you know, people's doses. Same with um you know, I started practicing in 2004 is that was I started practicing in 2004 is that was when a lot of practitioners were not when a lot of practitioners were not happy with me giving happy with me giving giving HRT to women, but I'm like, these giving HRT to women, but I'm like, these women need their hormones.

women need their hormones. >> Oh, yeah. >> Oh, yeah. >> Oh, yeah. >> Hormones are what keep us youthful and >> Hormones are what keep us youthful and healthy and prevent long-term disease healthy and prevent long-term disease and chronic illnesses is women need and chronic illnesses is women need their hormones, you know, it needs to be their hormones, you know, it needs to be done right, of course, but so I would I done right, of course, but so I would I would even have you know, just for would even have you know, just for transparency here, you

know, women with transparency here, you know, women with you know, that have had cancer is I you know, that have had cancer is I would you and they would have terrible would you and they would have terrible vaginal dryness and it was very painful vaginal dryness and it was very painful for intimacy and and whatnot is you for intimacy and and whatnot is you know, I would use estriol cuz I felt know, I would use estriol cuz I felt like estriol is very safe. Their other like estriol is very safe.

Partner Safety and Closing Remarks

Their other practitioners or oncologists were practitioners or oncologists were semi okay with that cuz it wasn't semi okay with that cuz it wasn't estradiol, but that's where I was kind estradiol, but that's where I was kind of you know, I started off using more of you know, I started off using more estriol E3 using it vaginally and I've estriol E3 using it vaginally and I've had really great effects with it, but had really great effects with it, but you know, the estradiol vaginally being you know, the estradiol vaginally being available as estradiol cuz it can be available as estradiol cuz it can be more available for you know, for women more available for you know, for women in this country is I do think it's you in this country is I do think it's you know, it both can be very effective.

know, it both can be very effective. >> Yeah, well, they you just need a little >> Yeah, well, they you just need a little bit of a distinction there bit of a distinction there uh and maybe like you said a little bit uh and maybe like you said a little bit um you know, different dosing for those um you know, different dosing for those two applications.

two applications. Uh anything else you want to say about Uh anything else you want to say about this? this? this? >> See, I wrote a couple little notes down >> See, I wrote a couple little notes down to make sure I didn't miss it. Yeah, the to make sure I didn't miss it. Yeah, the dosing, where to put it, the base, and dosing, where to put it, the base, and how often. Oh, um how often. Oh, um I do get questions from patients about I do get questions from patients about their male partners about it getting I their male partners about it getting I don't know if I mentioned this earlier don't know if I mentioned this earlier if it you know if it you know Hey, I applied my vaginal estrogen and Hey, I applied my vaginal estrogen and spontaneously we had intercourse. Their spontaneously we had intercourse. Their male partners might say, "Oh my male partners might say, "Oh my goodness, is this a bad for me? Is goodness, is this a bad for me? Is something going to happen?" I No, no, something going to happen?" I No, no, either way nothing bad is going to either way nothing bad is going to happen to their male partner. Some of happen to their male partner. Some of that estrogen that you inserted that estrogen that you inserted vaginally may have been um might have vaginally may have been um might have not gotten absorbed, so you might want not gotten absorbed, so you might want to just do a second dose that night, but to just do a second dose that night, but it's really okay um in that respect.

it's really okay um in that respect. >> Men are terrified of any any tiny little >> Men are terrified of any any tiny little smudge of estrogen. They'll be fine. Uh smudge of estrogen. They'll be fine. Uh yeah, that's not going to hurt them. The yeah, that's not going to hurt them. The kind of doses that women are using, kind of doses that women are using, especially in such a localized area, especially in such a localized area, aren't going to really affect the men aren't going to really affect the men whatsoever. Now, if a man's using a whatsoever. Now, if a man's using a transdermal testosterone cream, that's a transdermal testosterone cream, that's a whole 'nother story, which we talked whole 'nother story, which we talked about that in a couple of episodes ago, about that in a couple of episodes ago, testosterone one. Uh you know, testosterone one. Uh you know, women, kids, and pets women, kids, and pets uh you know, they have to be worried uh you know, they have to be worried about the men's testosterone dose, not about the men's testosterone dose, not necessarily the other way around.

necessarily the other way around. >> Yeah. Okay, yeah, and I think I got >> Yeah. Okay, yeah, and I think I got through Well, gosh, if anybody has their through Well, gosh, if anybody has their own experience, I'd love to hear it or own experience, I'd love to hear it or if you have any questions or comments, if you have any questions or comments, please um please um we love to read them.

we love to read them. >> Yeah, write them down down in the >> Yeah, write them down down in the comments below. Um lately we've been comments below. Um lately we've been giving getting a lot of um views and a giving getting a lot of um views and a lot of comments and likes. We lot of comments and likes. We We do appreciate all of the attention.

We do appreciate all of the attention. Um you know, keep asking questions and Um you know, keep asking questions and we'll we'll keep making videos for you.

we'll we'll keep making videos for you. So, till next time I'm Dr. Maki. So, till next time I'm Dr. Maki. >> And I'm Dr. Valerie. >> And I'm Dr. Valerie.